

Vendor Approver Certification

MH3258 (New 10/00)

For Access to Confidential Mental Health Information

Vendor: _____

To ensure the confidentiality of county mental health data, the Department of Mental Health, Information Technology (DMH-IT) requests the designated vendor identify a primary and a secondary contact to be responsible for approving requests for access to confidential county mental health patient data. Please provide this information in the spaces below and fax this form to (916) 654-3007. If you have questions about this form, please call (916) 654-3117.

Primary Vendor Approver:

First Name: _____	Last Name: _____
Title: _____	
Phone Number: (____) _____	Fax Number: : (____) _____
Email Address: _____	
Primary Approver's Signature: _____	
<small>(Signer acknowledges having read DMH Letter No. 99-02 regarding confidentiality of client information)</small>	

Secondary Vendor Approver:

First Name: _____	Last Name: _____
Title: _____	
Phone Number: (____) _____	Fax Number: : (____) _____
Email Address: _____	
Secondary Approver's Signature: _____	
<small>(Signer acknowledges having read DMH Letter No. 99-02 regarding confidentiality of client information)</small>	

Vendor for the Following Counties:

Vendor Certification:

As _____ for _____, I certify this organization is a vendor for the above counties and designate the individuals identified above to have independent authority to approve access requests to specific confidential county mental health patient data. The DMH may rely on approvals, denials, and changes made by these individuals in its processing of access requests for the above listed counties' data. As changes occur to the above approving contacts (name, phone, e-mail or county), I will complete a new certification and forward it to DMH-IT. Also, I acknowledge reading [DMH Letter 99-02](#) regarding confidentiality of client information.

By: _____ (signed and printed) Date: _____

Title: _____